facilities in the Government hospitals in the Capital including AIIMS, steps have been taken to upgrade the existing infrastructures. Expansion of various departments and improvement of the existing facilities in hospitals are ongoing process as per the needs.

Recently, additional posts of 214 Senior Residents and 120 Junior Residents Hospitals have been created for strengthening various departments in Safdarjung Hospital. The Paediatrics Department of Dr. RML Hospital has been expanded along with manpower. The present available manpower of doctors, nurses and paramedical staff is utilized in the best possible manner for providing maximum patient care.

Failure of States to implement Central Schemes

1317. SHRIMATI MOHSINA KIDWAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that child mortality and maternal mortality rate in India is very high;

(b) if so, the States which have recorded higher mortality rates;

(c) what are the schemes and programmes under his Ministry which are being implemented in States;

(d) what is their performance and how Ministry monitors such programmes, State-wise; and

(e) whether some States like Uttar Pradesh have failed to implement the schemes of Centre in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) As per the National Family Health Survey III (2005-06) the child mortality rate has shown declining trend over the years from 33 per thousand in NFHS I (1992-93) to 18 per thousand in NFHS III (2005-06).

The Maternal Mortality Rate (MMR) as per the Sample Registration Survey (SRS) of Registrar General of India has declined from 398 per hundred thousand in 1997-98 to 301 in 2001-03.

The State-wise estimates of child mortality and Maternal mortality are given in the Statement-I and Statement-II (*See* below).

(c) to (e) The Government of India has initiated several schemes to improve the health status of children and women in the country and to bring down the child and maternal mortality rate. The details are given in the Statement-II *(See* below). The progress is good. The Ministry of Health and Family Welfare has an elaborate monitoring and evaluation system for monitoring the progress of its programmes and evaluating its impact. The National programmes are monitored through external surveys and stringent internal monitoring by the National Rural Health Mission. All States, including Uttar Pradesh, are implementing the National schemes and programmes.

Statement-I

Statewise estimates of Child Mortality and Maternal Mortality rates

NFHS-I	1992-93	33
NFHS-II	1997-98	29
NFHS-III	2005-06	18

Child Mortality by State

India	18.4
State	
Delhi	7.3
Haryana	11.1
Himachal Pradesh	5.6
Jammu & Kashmir	6.8
Punjab	10.8
Rajasthan	21.5
Uttarakhand	15.5
Chhattisgarh	21.0
Madhya Pradesh	26.5
Uttar Pradesh	25.6
Bihar	24.7
Jharkhand	26.1
Orissa	27.6
West Bengal	12.2
Arunachal Pradesh	28.8
Assam	20.2
Manipur	12.6
Meghalaya	27.1
Mizoram	19.5
Nagaland	27.5
Sikkim	6.7
Tripura	8.2
Goa	5.0
Gujarat	11.9
Maharashtra	9.5
Andhra Pradesh	10.2
Karnataka	12.1
Kerala	1.0
Tamil Nadu	5.3

Source: (NFHS-III India, 2005-06)

Statement-II

Maternal Mortality Ratio India and State-wise

Major State	MMR (1997-98)	MMR (1999-01)	MMR (2001-03)
India Total	398	327	301
Assam	568	398	490
Bihar/ Jharkhand	531	400	371
Madhya Pradesh/ Chhattisgarh	441	407	379
Orissa	346	424	358
Rajasthan	508	501	445
Uttar Pradesh/ Uttaranchal	606	539	517
Andhra Pradesh	197	220	195
Karnataka	245	266	228
Kerala	150	149	110
Tamil Nadu	131	167	134
Gujarat	46	202	172
Haryana	136	176	162
Maharashtra	166	169	149
Punjab	280	177	178
West Bengal	303	218	194
Others	-	276	235

Source: Registrar General of India, (Sample Registration System), Ministry of Home Affairs (1997-98), (1999-01), (2001-03)

Statement-III

Details of schemes to improve the health status of children and women

The National Rural Health Mission (NRHM), (2005-2012), and under its umbrella, the Reproductive and Child Health Programme Phase II, launched by the Government of India in the year 2005, aims to improve access to equitable, affordable, accountable and effective primary health care, in the rural areas of the country, especially for poor women and children, with a special focus on 18 States which have weak public health indicators and weak infrastructure and to improve the health status of children and women and to bring down the child and maternal mortality rate. The interventions being implemented under this programme are as follows:

- Janani Suraksha Yojana (JSY), a cash benefit scheme to promote Institutional Delivery with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women;

- Appointment of an Accredited Social Health Activist (ASHA) for every village to facilitate accessing of health care services by the community including pregnant women;
- Operationalising Community Health Centers as First Referral Units (FRUs) and 50% of all Primary Health Centers for providing 24X7 services.
- Augmenting the availability of skilled manpower by means of different skill-based trainings such as for providing Skilled Attendance at Birth.
- Training of MBBS Doctors in Life Saving Anesthetic Skills and Emergency Obstetric Care including Caesarian Section;
- Strengthening of District Hospitals, Community Health Centres, Primary Health Care centres and Sub-centres to provide basic essential maternal and child health care.
- Provision of 24 hours service in Primary Health Care centres and Skilled Attendance at Birth.
- Strengthening of CHCs for first referral care -Provision of Emergency Obstetric and Neonatal Care at FRUs & Training of MBBS Doctors in Life Saving Anesthetics Skills for Emergency Obstertric Care.
- Supplementary nutrition to pregnant and lactating mothers.
- National nutrition anaemia prophylaxis programme.
- Essential newborn care (care at birth – protection from hypothermia – provision of warmth, cord care - protection from infection, early initiation of breastfeeding).
- Immunisation.
- Infant and young Child Feeding (Exclusive breastfeeding for 6 months & timely introduction of complimentary feeding).
- Vitamin A supplementation.
- Iron and Folic Acid supplementation.
- Integrated Management of Neonatal and Childhood Illness (IMNCI), early detection and appropriate management of Acute Respiratory Infection (ARI), Diarrhoea and other infections among new born and under five children.

Shortage of health workers

1318. SHRI B.J. PANDA:
MS. MABEL REBELLO:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether India faces extreme shortage of health workers as per WHO report;

(b) whether it is also a fact that this shortage is impairing essential life-saving interventions *i.e.* childhood immunization, safe pregnancy and delivery service for mothers and access of treatment of HIV/AIDS, etc., and;

(c) if so, what is the action plan of Government to address this issue?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The country faces acute shortage of health workers at various